

Zone _____
Failing _____
PreApp _____
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Receipt Number _____

RESIDENTIAL
JOINT SITE EVALUATION and SEPTIC SYSTEM PERMIT
APPLICATION FORM

Flathead City/County Health Department
Environmental Health Services
1035 1st Avenue West
Kalispell MT 59901
(406) 751-8130

1) **LEGAL DESCRIPTION OF PROPERTY**

- A) Subdivision Name _____ Lot # _____ Blk # _____
B) County Assessor's Tract No. (Example Tr. 3BD) _____ County Assessor's No. _____
C) Certificate of Survey (COS) or Deed Exhibit No. _____
D) Section _____ Township _____ Range _____
E) Parcel Size (Acres) _____
F) Address of Property _____
City _____

The information requested can be obtained from the County Plat Room. If the property is in a subdivision, you do not need the Co. Assessor's Tract No. and COS No. If the property is not in a platted subdivision, Tract No. and COS No. / Deed Exhibit are required. A complete copy of the COS/Deed Exhibit must be attached (if on file).
Incomplete applications will be returned.

2) **LEGAL PROPERTY OWNER** (Current owner, not buyer)

- A) Owner's Name _____
B) Mailing Address _____
C) City and Phone _____
D) If someone other than the legal property owner is to be the contact with this department, please complete the following:
Name and Affiliation _____
Mailing Address _____
City and Phone _____

3) **PURPOSE OF APPLICATION**

Is this form being submitted to:

- _____ Obtain a site evaluation. \$200.00 (Fee required at the time of application. This is not a permit fee.)
_____ Non-degradation analysis. \$110.00 (Fee required at the time of application. This is not a permit fee.)
_____ Site Review. \$100 (Fee required at time of application. (This is not a permit fee.)
_____ Obtain a septic permit. (Permit fee varies and is due when the permit is issued.)
_____ Obtain a preliminary opinion on a proposed subdivision.** \$200.00

** This office will provide only general comments on subdivision questions. Our evaluation will be limited to a brief overview of the topography at the site and our general knowledge of the area. Determination of such information as: soil suitability, depth to groundwater, layout of development, floodplain, non-degradation etc., is the responsibility of the landowner and their consultant.

4) **PROPOSED DEVELOPMENT-** Residential (also under construction)

- _____ Conventional Single Family _____ No. of Bedrooms _____
_____ Mobile Home _____ No. of Bedrooms _____
Configuration: _____ Single Wide _____ Double Wide _____ Modular
_____ Other _____

5) EXISTING DEVELOPMENT – Residential

_____ Conventional Single Family _____ No. of Bedrooms _____
 _____ Mobile Home _____ No. of Bedrooms _____
 Configuration: _____ Single Wide _____ Double Wide _____ Modular
 _____ Other _____

6) WATER SUPPLY (for proposed and/or existing development)

A) Existing _____ Proposed _____ Expanding existing _____

B) Size of water system?

_____ Individual (one home or connection)

_____ Shared (2 connections)

_____ Multi-User (3-14 homes connected to common system)

_____ Public (15+ homes) Name _____

C) Source of Water? (if other than public or municipal)

_____ Well _____ Spring _____ Hauled/Cistern _____ Surface (name) _____

7) Distance between this property and the nearest public water and/or sewer service. _____

8) If zoned, does the proposed use comply with the Zoning Designation for the property? Yes _____ No _____
 Zoning Designation _____ Check if Unzoned _____
 Zoning Authorization Signature _____ Date _____

9) REQUIRED ATTACHMENTS

A) **A site plan drawn to scale.** The site plan must clearly show existing and proposed development. Clearly label the items you show as existing and/or proposed. The site plan must include:

1. Lot boundaries and prominent features including surface water/wetlands
2. All structures
3. Water supply and distribution lines
4. Septic system sites
5. Replacement sites for septic systems
6. Driveways and parking areas
7. All utility lines
8. Locations of all water supplies and drainfields within 100 feet of the property lines.

B) A copy of the Certificate of Survey or Deed Exhibit (if not in a platted subdivision).

C) If you have additional information that you feel is pertinent to your application, use the space provided below or attach a separate piece of paper.

The building and drainfield sites must be physically staked, with a minimum of 3 ft. stakes that are clearly labeled.

(10) **AUTHORIZATION**

I hereby declare the above information and the attachments to this application are true, complete and correct to the best of my knowledge. I authorize the Flathead City-County Health Department to enter onto my property for the purpose of conducting this site evaluation.

Property Owner's or Authorized Agent's Signature

Date